

2020-2021 Youth Ministry Registration (for all Programs Grades 7-12)

Grades 7 and 8 are a two year Confirmation Preparation process, with the celebration of Confirmation at the end of Grade 8. Grades 9-12 are the High School Programs: LifeTeen and/or the Dead Theologians' Society.

This registration form, fee, and the attached Activity Release (see page 2) are required for ALL YOUTH MINISTRY PROGRAMS from 7th-12th grade!!

Registration Fee (For all Youth Ministry Programs, 7-12th Grade):

\$75, or Family Rate: \$150 for three or more*

St. Paul Catholic School Families registering for 7th or 8th grade Confirmation: Fee is only \$40, due to lower overhead program costs (incorporated into the School system)

Financial scholarships are available if needed—contact AmandaT@StPaulCos.org.

**This program is separate from the Children's Faith Formation and this rate does not include children in K-6th grade.*

Please submit fee, Registration Form (this page), Activity Release (on page 2), AND (if registering for Confirmation:) the student's BAPTISMAL CERTIFICATE!

Please make check payable to St. Paul Church.

-Indicate which program(s) the student is registering for:

Confirmation: Year 1 (7th): _____ Year 2 (8th): _____ LifeTeen: _____ Dead Theologians' Society _____

-Indicate which Sacraments the student has ALREADY received:

Baptism _____ Reconciliation _____ Communion _____ Confirmation _____

(You must submit the student's Baptismal Certificate with registration in 7th grade, or in 8th if it was not submitted the year before. SPCS families: YES, we do still need a copy of your Baptismal Certificate, please!!)

-If student was baptized at St. Paul's, please write the date here: _____

Student's First and Last Name: _____ Grade: _____

Address: _____
City State Zip

Home Phone #: _____ Student Cell: _____

Main Email: _____ Student Email: _____

Other Email you would like to include: _____

Please note: we will send all notifications/information only to emails listed under "main" and "other email"

Father's Name: _____ Father's Cell: _____

Mother's Name: _____ Mother's Cell: _____

Media Release: During the course of church-sponsored events and classroom activities, photographs may be taken by St. Paul catechists, teen mentors, and staff to be used in one or all of the following ways: written church promotions, church website, social media, and/or audio-visual presentations. Identifying names will not be used. By signing below, you give permission for your child's photograph or it's likeness to be used in any of the above ways. **To opt out check this box** (in which case we cannot use any picture that your child is in): []

X _____
Signature of Parent of Legal Guardian Date

ACTIVITY RELEASE

For those 18 years of age or older, all parents and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

_____ waive, release, and indemnify the Diocese and its agents, directors, officers, employees and volunteers (collectively the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

The Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

Date Signature

Date Signature

Home Phone: _____ Work Phone: _____ Mobile: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

*For all those over 14 and under 18 years of age: **ALL CHILDREN 14 TO 17 MUST SIGN BELOW***

I waive, release and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Date Signature Date Signature

Date Signature Date Signature

*"Affiliates includes all Diocesan parishes, missions, schools and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc.